

Exhibit 300: Capital Asset Plan and Business Case Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview (All Capital Assets)

1. Date of Submission: 2010-03-08 11:43:37

2. Agency: 029

3. Bureau: 00

4. Name of this Investment: Medical 21st Century HealtheVet TeleHealth-2011

5. Unique Project (Investment) Identifier: 029-00-01-11-01-5110-00

6. What kind of investment will this be in FY 2011?: Mixed Life Cycle

- Planning
- Full Acquisition
- Operations and Maintenance
- Mixed Life Cycle
- Multi-Agency Collaboration

7. What was the first budget year this investment was submitted to OMB? *

8. Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap; this description may include links to relevant information which should include relevant GAO reports, and links to relevant findings of independent audits.

Telehealth is comprised of a number of IT initiatives that have separate VHA business sponsors. These initiatives include the Office of Care Coordination Services (CCS) Telehealth Programs, National Teleradiology Program (NTP), and the Office of Rural Health (ORH). The CCS Telehealth Program is further comprised of Care Coordination Clinical Video Telehealth (CCCVT), Care Coordination Home Telehealth (CCHT) and Care Coordination Store-and-Forward Telehealth programs (CCSF). ORHs Rural Health IT initiatives are anticipated to align with and expand CCS Telehealth programs to rural Veterans. Veterans Remote Telehealth Access is focused on improving access to Telehealth services CCS Telehealth Programs: - CCCVT involves real-time videoconferencing technologies and peripheral devices, to provide care and consultation between clinics and hospitals. Current focus areas include: polytrauma, telemental health, telerehabilitation and telesurgery. The Clinical Enterprise Video Network (CEVN) will facilitate CCCVT using the VA Enterprise Video network and initiate the basis for an enterprise telehealth grid. CEVN will establish standardized techniques to allow any video teleconferencing system in the VA network architecture to communicate with any other video communications enabled device. - CCHT places medical devices in patient homes to improve health monitoring, the quality of care and the standard of living for Veterans by reducing hospital admissions, clinic visits, and emergency room visits - CCSF technologies acquire and store clinical information (e.g. data, image, sound, video) that is then forwarded to (or retrieved by) another site for clinical evaluation. Teleretinal and teledermatology are currently in progress. CCS plans to expand CCSF to include store-forward technologies for telepathology and wound care. NTP is a service that provides remote radiology procedure interpretations. Teleradiology is the electronic transmission of radiological images from one location to another for the purposes of interpretation and/or consultation Additional ORH IT initiatives may include: mobile health care services, collaboration with non-VA facilities and patient education. Veterans Remote Telehealth Access will upgrade current network response time (speed) as well as additional network connectivity options.

- a. Provide here the date of any approved rebaselining within the past year, the date for the most recent (or planned) alternatives analysis for this investment, and whether this investment has a risk management plan and risk register.**

9. Did the Agency's Executive/Investment Committee approve this request? *

a. If "yes," what was the date of this approval? *

10. Contact information of Program/Project Manager?

- **Name:** *
- **Phone Number:** *
- **Email:** *

11. What project management qualifications does the Project Manager have? (per FAC-P/PM)? *

- Project manager has been validated according to FAC-PMPM or DAWIA criteria as qualified for this investment.
- Project manager qualifications according to FAC-P/PM or DAWIA criteria is under review for this investment.
- Project manager assigned to investment, but does not meet requirements according to FAC-P/OM or DAWIA criteria.
- Project manager assigned but qualification status review has not yet started.
- No project manager has yet been assigned to this investment.

12. If this investment is a financial management system, then please fill out the following as reported in the most recent financial systems inventory (FMSI):

Financial management system name(s)	System acronym	Unique Project Identifier (UPI) number
*	*	*

a. If this investment is a financial management system AND the investment is part of the core financial system then select the primary FFMIA compliance area that this investment addresses (choose only one): *

- computer system security requirement;
- internal control system requirement;
- core financial system requirement according to FSIO standards;
- Federal accounting standard;
- U.S. Government Standard General Ledger at the Transaction Level;
- this is a core financial system, but does not address a FFMIA compliance area;
- Not a core financial system; does not need to comply with FFMIA

Section B: Summary of Funding (Budget Authority for Capital Assets)

1.

Table 1: SUMMARY OF FUNDING FOR PROJECT PHASES (REPORTED IN MILLIONS) (Estimates for BY+1 and beyond are for planning purposes only and do not represent budget decisions)									
	PY1 and earlier	PY 2009	CY 2010	BY 2011	BY+1 2012	BY+2 2013	BY+3 2014	BY+4 and beyond	Total
Planning:	*	*	*	*	*	*	*	*	*
Acquisition:	*	*	*	*	*	*	*	*	*
Subtotal Planning & Acquisition:	*	*	*	*	*	*	*	*	*
Operations & Maintenance:	*	*	*	*	*	*	*	*	*
Disposition Costs (optional):	*	*	*	*	*	*	*	*	*
SUBTOTAL:	*	*	*	*	*	*	*	*	*
Government FTE Costs should not be included in the amounts provided above.									
Government FTE Costs	*	*	*	*	*	*	*	*	*
Number of FTE represented by Costs:	*	*	*	*	*	*	*	*	*
TOTAL(including FTE costs)	*	*	*	*	*	*	*	*	*

2. If the summary of funding has changed from the FY 2010 President's Budget request, briefly explain those changes:

*

Section C: Acquisition/Contract Strategy (All Capital Assets)

1.

Table 1: Contracts/Task Orders Table

Contract or Task Order Number	Type of Contract/Task Order (In accordance with FAR Part 16)	Has the contract been awarded (Y/N)	If so what is the date of the award? If not, what is the planned award date?	Start date of Contract/Task Order	End date of Contract/Task Order	Total Value of Contract/Task Order (M)	Is this an Interagency Acquisition? (Y/N)	Is it performance based? (Y/N)	Competitively awarded? (Y/N)	What, if any, alternative financing option is being used? (ESPC, UESC, EUL, N/A)	Is EVM in the contract? (Y/N)
V776P-1085	T&M	Y	2006-09-07	2006-09-07	2010-09-07	\$1.0	*	*	*	*	*
GS-35F-0323J	T&M	Y	2006-09-07	2006-09-07	2010-09-07	\$1.5	*	*	*	*	*
GS-35F-0323J	FFP	Y	2009-08-06	2009-08-17	2014-08-17	\$8.6	*	*	*	*	*
V200P-1757	FFP	Y	2009-09-28	2009-09-28	2011-09-27	\$0.3	*	*	*	*	*

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

*

3. Is there an acquisition plan which reflects the requirements of FAR Subpart 7.1 and has been approved in accordance with agency requirements? *

a. If "yes," what is the date? *

Section D: Performance Information (All Capital Assets)

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
2011	Honor & Memorialize	*	*	Increase the total census number of Veterans receiving Home Telehealth care	Provide Home Telehealth care to 36,000 Veterans	Provide Home Telehealth care to 40,000 Veterans	TBD in FY 2012
2011	Honor & Memorialize	*	*	Increase the total census number of Veterans living in rural areas receiving Home Telehealth care	Provide Home Telehealth care to 15,000 Veterans living in rural areas	Provide Home Telehealth care to 16,500 Veterans living in rural areas	TBD in FY 2012
2011	Honor & Memorialize	*	*	Increase number of Home Telehealth patient surveys submitted	Increase number of Home Telehealth patient surveys to 310,000	Increase number of Home Telehealth patient surveys to 370,000	TBD in FY 2012
2011	Honor & Memorialize	*	*	Increase percent of home telehealth patients whose data is linked to VA systems	Increase to 10% of home telehealth patients whose data is linked to VA systems	Increase to 40% of appropriate home telehealth patients whose data is linked to VA systems	TBD in FY 2012
2012	Honor & Memorialize	*	*	Increase the total census number of Veterans receiving Home Telehealth care	Provide Home Telehealth care to 36,000 Veterans	Provide Home Telehealth care to 44,000 Veterans	TBD in FY 2013
2012	Honor & Memorialize	*	*	Increase the total census number of Veterans living in rural areas receiving Home Telehealth care	Provide Home Telehealth care to 15,000 Veterans living in rural areas	Provide Home Telehealth care to 18,150 Veterans living in rural areas	TBD in FY 2013
2012	Honor & Memorialize	*	*	Increase number of Home Telehealth patient surveys submitted	Increase number of Home Telehealth patient surveys to 310,000	Increase number of Home Telehealth patient surveys to 450,000	TBD in FY 2013
2012	Honor & Memorialize	*	*	Increase percent of home telehealth patients whose data is linked to VA systems	Increase from 10% of home telehealth patients whose data is linked to VA systems	Increase to 60% of appropriate home telehealth patients whose data is linked to VA systems	TBD in FY 2013
2013	Honor & Memorialize	*	*	Increase the total census number of Veterans receiving Home Telehealth care	Provide Home Telehealth care to 40,000 Veterans Provide Home Telehealth care to 36,000 Veterans	Provide Home Telehealth care to 48,400 Veterans	TBD in FY 2014
2013	Honor &	*	*	Increase the	Provide Home	Provide Home	TBD in FY 2014

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
	Memorialize			total census number of Veterans living in rural areas receiving Home Telehealth care	Telehealth care to 15,000 Veterans living in rural areas	Telehealth care to 19,965 Veterans living in rural areas	
2013	Honor & Memorialize	*	*	Increase number of Home Telehealth patient surveys submitted	Increase number of Home Telehealth patient surveys to 310,000	Increase number of Home Telehealth patient surveys to 535,000	TBD in FY 2014
2013	Honor & Memorialize	*	*	Increase percent of home telehealth patients whose data is linked to VA systems	Increase from 10% of home telehealth patients whose data is linked to VA systems	Increase to 80% of appropriate home telehealth patients whose data is linked to VA systems	TBD in FY 2014
2014	Honor & Memorialize	*	*	Increase the total census number of Veterans receiving Home Telehealth care	Provide Home Telehealth care to 36,000 Veterans	Provide Home Telehealth care to 53,240 Veterans	TBD in FY 2015
2014	Honor & Memorialize	*	*	Increase the total census number of Veterans living in rural areas receiving Home Telehealth care	Provide Home Telehealth care to 15,000 Veterans living in rural areas	Provide Home Telehealth care to 21,900 Veterans	TBD in FY 2015
2014	Honor & Memorialize	*	*	Increase number of Home Telehealth patient surveys submitted	Increase number of Home Telehealth patient surveys to 310,000	Increase number of Home Telehealth patient surveys to 630,000	TBD in FY 2015
2014	Honor & Memorialize	*	*	Increase percent of home telehealth patients whose data is linked to VA systems	Increase from 10% of home telehealth patients whose data is linked to VA systems	Increase to 90% of appropriate home telehealth patients whose data is linked to VA systems	TBD in FY 2015
2015	Honor & Memorialize	*	*	Increase the total census number of Veterans receiving Home Telehealth care	Provide Home Telehealth care to 36,000 Veterans	Provide Home Telehealth care to 58,500 Veterans	TBD in FY 2016
2015	Honor & Memorialize	*	*	Increase the total census number of Veterans living in rural areas receiving Home Telehealth care	Provide Home Telehealth care to 15,000 Veterans living in rural areas	Provide Home Telehealth care to 24,100 Veterans living in rural areas	TBD in FY 2016
2015	Honor & Memorialize	*	*	Increase number of Home Telehealth patient surveys submitted	Increase number of Home Telehealth patient surveys to 310,000	Increase number of Home Telehealth patient surveys to 730,000	TBD in FY 2016
2015	Honor &	*	*	Increase	Increase from	Increase to 95%	TBD in FY 2016

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
	Memorialize			percent of home telehealth patients whose data is linked to VA systems	10% of home telehealth patients whose data is linked to VA systems	of appropriate home telehealth patients whose data is linked to VA systems	
2011	Honor & Memorialize	*	*	Increase number of sites supported by NTP	Increase from 6 facility gateways	Increase to 12 facility gateways	TBD in FY 2012
2012	Honor & Memorialize	*	*	Increase number of sites supported by NTP	Increase from 6 facility gateways	Increase to 35 facility gateways	TBD in FY 2013

Part II: Planning, Acquisition And Performance Information

Section A: Cost and Schedule Performance (All Capital Assets)

1. Comparison of Actual Work Completed and Actual Costs to Current Approved Baseline								
Description of Milestones	Planned Cost (\$M)	Actual Cost (\$M)	Planned Start Date	Actual Start Date	Planned Completion Date	Actual Completion Date	Planned Percent Complete	Actual Percent Complete
Requirements analysis and Planning	*	*	2009-10-01		2015-09-30		0.00%	0.00%
Acquisition and Implementation Support	*	*	2009-10-01		2015-09-30		0.00%	0.00%
O&M Support	\$102.8	\$0.3	2009-10-01	2009-10-01	2015-09-30		0.00%	0.00%

* - Indicates data is redacted.